

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827 <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6643 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF(S)/PETITIONER(S)	<input type="checkbox"/> I/C JUDGE _____
DEFENDANT(S)/RESPONDENT(S)	<input type="checkbox"/> MASTER CALENDAR DEPT _____
<b>CERTIFICATE OF:          PROGRESS; INABILITY TO RESPOND; INABILITY TO DEFAULT          (San Diego Superior Court Rules: Division II, rules 2.5, 2.6, 2.7, 2.34;          Division IV rules 4.169 &amp; 4.170)</b>	CASE NUMBER _____

**MUST BE FILED ON COURT APPROVED FORM WITH A STAMPED, SELF-ADDRESSED ENVELOPE OR MESSENGER SERVICE SLIP.**  
 The ☐ plaintiff(s) ☐ defendant(s) in the above-entitled case, by and through their attorney(s) \_\_\_\_\_  
 \_\_\_\_\_ certify that: **(CHECK ONE BOX)**

3C1 ☐ Plaintiff has been unable to serve the complaint on defendant(s) \_\_\_\_\_  
 (May list more than one defendant)

3C1 ☐ Plaintiff requests stay under claim for uninsured/underinsured as to: \_\_\_\_\_  
 (ALL or list individual(s))

3C5 ☐ Defendant was served on \_\_\_\_\_, and is unable to answer or otherwise respond.

3C8 ☐ Plaintiff served defendant on \_\_\_\_\_, but was unable to request entry of default.

Therefore, it is requested that the time be extended until \_\_\_\_\_ for filing of a(n):

- ☐ CERTIFICATE OF SERVICE (SDSC CIV-345)
- ☐ ANSWER OR OTHER DEFENDANT APPEARANCE
- ☐ REQUEST FOR ENTRY OF DEFAULT (SDSC CIV-204)

Reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Dated: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF ATTORNEY(S)

<b>FOR COURT USE ONLY</b>
<input type="checkbox"/> EXTENSION GRANTED - DOCUMENT CHECKED ABOVE SHALL BE FILED NOT LATER THAN: _____
<input type="checkbox"/> EXTENSION DENIED - THIS MATTER IS SET FOR HEARING ON: _____ AT: _____ M. DEPT _____ <input type="checkbox"/> INSUFFICIENT REASON FOR DELAY OF CASE. <input type="checkbox"/> OBTAIN ORDER FOR PUBLICATION IMMEDIATELY.
DATED: _____ JUDGE OF THE SUPERIOR COURT _____
<input type="checkbox"/> NOTICE TO COUNSEL REQUESTING EXTENSION: After Court's decision, you must serve a copy of this certificate on all counsel concerned.